



# Screen Prints for the ECSE FER

 **ECSE - Contact**

 District: **000-000** **DISTRICT NAME** Year: 2005-2006 Initial Expenditure Report Status: Not Submitted

Save

First Name:  Last Name:

Email:

Work Phone:    Ext:

Summer Phone:    Ext:

Fax:    Ext:

Address:

City:  Zip:

ECSE Co-op - Sending Districts		Children Served	Del
<input type="text"/>		<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>		<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>		<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>		<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>		<input type="text"/>	<input type="button" value="X"/>


Add More Lines


Referral from First Steps

Number of Referrals this fiscal year

Of that number, children found eligible for ECSE

December 1 ECSE Child Count  ECSE Unduplicated Child Count (end of school year)

 **ECSE - Contractual**

 District: **000-000** **DISTRICT NAME** Year: 2005-2006 Initial Expenditure Report Status: Not Submitted

Add More Lines CS

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**Contractual Services**

Approved Private Agencies	Number of ECSE Children	Cost	Del
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
		Total Cost \$	

**Independent Contractors**

Name	Type of Service	Number of ECSE Children	Cost	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
			Total Cost \$	

Add More Lines IC

Save



District: 000-000 District Name

Year: 2005-2006

Initial Expenditure Report

Status: Not Submitted

Sort by: SSN

Prev

Next

Save

Edits

Name	SSN	Position Code	FTE	ECSE Caseload	K Caseload	Total ECSE Salary	Total ECSE Benefits	Fund 1 (6150) Salary Amount	Fund 2 (6110) Salary Amount
<a href="#">SMITH, SUSAN E</a>		60	0.8	9		\$23,120.00			
<a href="#">SMITH, SUSAN E</a>		60		12					
<a href="#">JONES, MARY A</a>		80	1	5		\$11,778.00			
<a href="#">JONES, MARY A</a>		80		8					
<a href="#">DOE, JOHN K</a>		80	1	9		\$930.00			
<a href="#">DOE, JOHN K</a>		80		12					
<a href="#">JOHNSON, SARA M</a>		80	0.5	9		\$4,878.00			
<a href="#">JOHNSON, SARA M</a>		80		12					
<a href="#">SMITH, KAREN J</a>		60	0.77	28		\$26,476.25			
<a href="#">HONOR, DIANE V</a>		60	0.8	5		\$30,304.80			
<a href="#">HONOR, DIANE V</a>		60		8					
<a href="#">JONES, DAVID C</a>		80	0.4	1		\$4,141.20			
<a href="#">DUNN, KAY M</a>		80	0.4	1		\$3,800.00			

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Edits



District: 000-000 DISTRICT NAME

Year: 2005-2006

Revision

Status: Not Submitted

Core Data Personnel

Educator:

Certification

Save

Personnel Reported on Core Data	No of Children with IEP	Total No. of Children	Staff FTE
<b>A. Administrative Staff</b>			
1. Special Education Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Special Education Process Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B. Teachers</b>			
1. Adaptive P.E.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. ECSE Categorical Consultative Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. ECSE Centerbased Classroom Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. ECSE Hearing Impaired Classroom Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. ECSE Integrated Classroom Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. ECSE Itinerant / School Based Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. ECSE Itinerant / Traveling Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. ECSE Visually Impaired Classroom Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. ECSE / EC Classroom with ECSE Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. ECSE / Title I Classroom with ECSE Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Extended Day Instructional Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Other Instructional Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. Description: <input type="text"/>			
13. Substitute Teacher (Long Term)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C. Paraprofessionals</b>			
1. Paraprofessionals (Classroom)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Paraprofessionals (Personal)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D. Additional Staff</b>			
1. Audiologist	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Diagnostic Staff (Educational diagnostician)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Diagnostic Staff (School Psychological Examiner)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Interpreter (Sign Language)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Occupational Therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Orientation and Mobility Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Other Pupil Support Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
8a. Description: <input type="text"/>			
9. Physical Therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. School Social Worker (Diagnostic)	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. School Social Worker (General)	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. School Social Worker (Related Service)	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Speech / Lang. Therapist, School Based (no ECSE Teacher)	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Speech / Lang. Therapist, Traveling (no ECSE Teacher)	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Speech / Lang. Therapist (Diagnostician)	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Speech / Lang. Therapist (Related Service)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save



District:

Year: 2005-2006

Initial Expenditure Report

Status: Not Submitted

Add More Lines

Save

Approve

Activity	<input type="text"/>	Location	<input type="text"/>
Other Activity	<input type="text"/>	Other Location	<input type="text"/>
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>		
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>		

Activity	<input type="text"/>	Location	<input type="text"/>
Other Activity	<input type="text"/>	Other Location	<input type="text"/>
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>		
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>		

Activity	<input type="text"/>	Location	<input type="text"/>
Other Activity	<input type="text"/>	Other Location	<input type="text"/>
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>		
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>		

Activity	<input type="text"/>	Location	<input type="text"/>
Other Activity	<input type="text"/>	Other Location	<input type="text"/>
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>		
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>		

Activity	<input type="text"/>	Location	<input type="text"/>
Other Activity	<input type="text"/>	Other Location	<input type="text"/>
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>		
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>		

Add More Lines

Save

ECSE - CSPD
Help

District: 000-000 District Name
Year: 2005-2006
Initial Expenditure Report
Status: Not Submitted

Add More Lines
Save

Activity	<input type="text"/>	Location	<input type="text"/>	
Other Activity	<input type="text"/>	Other Location	<input type="text"/>	
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>	Del <input type="checkbox"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>	<input type="checkbox"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>			
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>			

Activity	<input type="text"/>	Location	<input type="text"/>	
Other Activity	<input type="text"/>	Other Location	<input type="text"/>	
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>	Del <input type="checkbox"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>	<input type="checkbox"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>			
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>			

Activity	<input type="text"/>	Location	<input type="text"/>	
Other Activity	<input type="text"/>	Other Location	<input type="text"/>	
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>	Del <input type="checkbox"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>	<input type="checkbox"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>			
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>			

Activity	<input type="text"/>	Location	<input type="text"/>	
Other Activity	<input type="text"/>	Other Location	<input type="text"/>	
Total District Participants	<input type="text"/>	Total ECSE Participants	<input type="text"/>	Del <input type="checkbox"/>
Total Participant Cost (ECSE Only)	\$ <input type="text"/>	Activity Date	<input type="text"/>	<input type="checkbox"/>
Total Reimbursed Expense (ECSE Only)	\$ <input type="text"/>			
Total Supplies (District Sponsored and ECSE Only)	\$ <input type="text"/>			

Add More Lines
Save

ECSE - Equipment
Help

District : 000-000 DISTRICT NAME
Year: 2005-2006
Initial Expenditure Report
Status: Not Submitted

Add More Lines Instr.
Save

Equipment - Unit Cost of \$1000 or more

Instruction	Quantity	Unit Cost	Total Cost	Del
Description (required)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Pupil Support (Assistive Technology)

Description (required)	Quantity	Unit Cost	Total Cost	Del
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Add More Lines Supp.
Save



## ECSE - Extended School Year



District: 000-000 District Name

Year: 2005-2006

Revision

Status: Not Submitted

Save

July/August		
A. ESY Contractual Services	Number	Total Cost
1. Children Served	<input type="text"/>	\$ <input type="text"/>
B. District Personnel		
1. Children Served	<input type="text"/>	
2. Teachers	<input type="text"/>	\$ <input type="text"/>
3. Related Services Providers	<input type="text"/>	\$ <input type="text"/>
4. Paraprofessionals	<input type="text"/>	\$ <input type="text"/>
5. Other Personnel	<input type="text"/>	\$ <input type="text"/>
5a. Description	<input type="text"/>	
		Total \$

June		
A. ESY Contractual Services	Number	Total Cost
1. Children Served	<input type="text"/>	\$ <input type="text"/>
B. District Personnel		
1. Children Served	<input type="text"/>	
2. Teachers	<input type="text"/>	\$ <input type="text"/>
3. Related Services Providers	<input type="text"/>	\$ <input type="text"/>
4. Paraprofessionals	<input type="text"/>	\$ <input type="text"/>
5. Other Personnel	<input type="text"/>	\$ <input type="text"/>
5a. Description	<input type="text"/>	
		Total \$

Save

## ECSE - Leases



District: 000-000 DISTRICT NAME

Year: 2005-2006

District	Lease / Lease Purchase	Type of Lease / Purchase	Length of Lease Term	Begin Date mm/dd/yyyy	End Date mm/dd/yyyy	Original Principal	Approved Amount per Year	Date Lease Received	Comments	View Previous Year of Lease	
000-000	Lease	Office Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Prior Years</a>	X
000-000	Lease Purchase	Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Prior Years</a>	X
000-000	Lease	Real Estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Prior Years</a>	X





## ECSE - Operation of Plant

[Help](#)

District: 000-000 District Name

Year: 2005-2006

Revision

Status: Not Submitted

### Operation of Plant Salaries

Position	FTE	Salaries	Benefits
Custodian	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

### Contracted Custodial Services

Contracted Custodial Services	\$ <input type="text"/>
-------------------------------	-------------------------

### Utilities

Utilities	\$ <input type="text"/>
-----------	-------------------------

### Operation of Plant Supplies (Unit Cost of less than \$1,000)

Operation of Plant Supplies	\$ <input type="text"/>
-----------------------------	-------------------------

### Operation of Plant Equipment (Unit Cost of \$1,000 or more)

Description	Quantity	Unit Cost	Total Cost
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ 0

### Other

Description	Total Cost
<input type="text"/>	\$ <input type="text"/>



## ECSE - Other Personnel

[Help](#)

District: 000-000 District Name

Year: 2005-2006

Revision 2

Status: Not Submitted

Please enter any Non-Core Data personnel used for Early Childhood Special Education

	FTE	Salary Amount	Benefit Amount
Secretaries	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Substitute Teachers (Short Term)		\$ <input type="text"/>	
Substitute Paraprofessionals		\$ <input type="text"/>	



## ECSE - Staff Mileage

[Help](#)

District: 000-000 District Name

Year: 2005-2006

Revision

Status: Not Submitted

### Staff Mileage

	Service Cost
Instructional Staff Mileage	\$ <input type="text"/>
Ancillary Staff Mileage	\$ <input type="text"/>
Administrative Staff Mileage	\$ <input type="text"/>
<b>Total Cost</b>	\$ <input type="text"/>



## ECSE - Start Up Costs

[Help](#)

District: 000-000 District Name

Year: 2005-2006

Revision

Status: Not Submitted

[Save](#)**Start Up Costs (\$7500 maximum supplies & equipment combined per classroom and \$1200 to support new itinerant positions)**

	Rate	Number of Children	Max. Allowable Costs
Number of New Classrooms	\$7,500.00	0	\$0.00

**Maximum Allowable Cost Expenditure Detail**

Supplies (unit cost of less than \$1,000)	\$0
Equipment (unit cost of \$1,000 or more)	\$0
Total Supplies and Equipment	\$0.00

	Rate	Number of Children	Max. Allowable Costs
Number of New Itinerant Positions	\$1,200.00	0	\$0.00

**Maximum Allowable Cost Expenditure Detail**

Supplies (unit cost of less than \$1,000)	\$0
Equipment (unit cost of \$1,000 or more)	\$0
Total Supplies and Equipment	\$0.00

**District Justification:**[Save](#)

## ECSE - Supplies

[Help](#)

District : 000-000 DISTRICT NAME

Year: 2005-2006

Initial Expenditure Report

Status: Not Submitted

[Add More Lines Instr.](#)[Save](#)**Supplies - Unit Cost of Less than \$1000**

Program Maintenance

\$2,550.00

Instruction					
Description (required)	Quantity	Unit Cost	Total Cost	Del	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	

**Pupil Support (Assistive Technology)**

Description (required)	Quantity	Unit Cost	Total Cost	Del	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	
		\$		<input type="checkbox"/>	

[Add More Lines Supp.](#)[Save](#)





## ECSE - Transportation

Help



District: 000-000 District Name

Year: 2005-2006

Revision

Status: Not Submitted

## Allowed Transportation Salaries

Position	FTE	Salaries	Benefits
Bus Driver	<input type="text" value="0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Bus Aide	<input type="text" value="0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

## Contracted Transportation

Contracted Transportation	<input type="text" value="\$"/>
---------------------------	---------------------------------

## Transportation Supplies

Transportation Supplies	<input type="text" value="\$"/>
-------------------------	---------------------------------

## Transportation Equipment (unit cost of at least \$1,000)

Description	Quantity	Unit Cost	Del
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="button" value="X"/>
		Total Cost	\$0.00

Add More Lines

Save



## ECSE - Expenditure Report Details

Help



District: 000-000 District Name

Year: 2005-2006

Revision

Status: Not Submitted

## ASBR Expenditures

	6110 Certificated Salaries	6150 Non- Certificated Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Supplies	6500 Capital Outlay	Total
1280 ECSE	\$310,123.28	\$75,634.93	\$100,033.78	\$81,074.49	\$12,319.96	\$0.00	\$579,186.44
2559 Transportation	\$0.00	\$0.00	\$0.00	\$71,860.66	\$4,087.89	\$0.00	\$75,948.55
Total ECSE Costs	\$310,123.28	\$75,634.93	\$100,033.78	\$152,935.15	\$16,407.85	\$0.00	\$655,134.99

ASBR Medicaid  
Revenue \$118,541.00Less ECSE  
Medicaid  
Reimbursement \$25,000.00  
DESE  
Adjustment \$0  
Amount Due  
District \$630,134.99

## ECSE Final Expenditure Report Expenditures

	6110 Certificated Salaries	6150 Non- Certificated Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Supplies	6500 Capital Outlay	Total
1280 ECSE	\$310,123.28	\$75,634.93	\$100,033.78	\$81,074.49	\$12,319.96	\$0.00	\$579,186.44
2559 Transportation	\$0.00	\$0.00	\$0.00	\$71,860.66	\$4,087.89	\$0.00	\$75,948.55
Total ECSE Costs	\$310,123.28	\$75,634.93	\$100,033.78	\$152,935.15	\$16,407.85	\$0.00	\$655,134.99

## Menu (Expenditure Detail)

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Cost Per Child: \$7,279.28

Save

Edits

 ECSE - Submittal and Comments

Help



District: 051-159 WARRENSBURG R-VI    Year: 2005-2006    Initial Expenditure Report    Status: Not Submitted

: 000-000 DISTRICT NAME

District Comments:

DESE Comments:

Save

Submit

Edits

Submitted By:  
Submitted Date: